

WOODWARD PUBLIC LIBRARY

Library Card Registration

**PLEASE FILL IN THIS
APPLICATION AND BRING IT IN TO
THE LIBRARY WITH YOUR PICTURE
ID AND PROOF OF ADDRESS TO GET A
LIBRARY CARD!**

PLEASE PRINT

Applicant's Last Name _____ First Name _____ Middle Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Address (if different than mailing address) _____

City _____ County _____ State _____ Zip Code _____

Home Phone(____) _____ Cell Phone(____) _____

Employer _____ Employer's Phone(____) _____

Email Address (used for requests and overdue notification) _____

Under 18, Parent, Guardian, or Legal Caregiver email address required.

To help us identify you specifically and protect your library records, please give us your birth date.

Date of Birth ____ / ____ / ____
month day year

☐

Male

☐

Female

☐

Adult

☐

Juvenile, Under 18

By signing a library card for myself or for my child, I agree that

- I and any children under my care will abide by library rules. Children under the age of 10 must be supervised by a responsible parent, guardian, teacher, or adult childcare provider.
- I understand it is my responsibility to keep personal information current.
- I assume responsibility for all materials checked out on this card.
- I will return all materials and/or pay for all unreturned or damaged materials charged to this card.
- I understand fines will be charged on all overdue, lost, or damaged materials.
- I will not hold the library responsible for any damage that borrowed materials might cause to my own equipment.
- I understand that a \$2.00 fee will be charged for replacing a lost library card.
- I understand that my child will have access to all library materials: books, books-on-tape, DVDs, filtered Internet, etc.
- I understand that as a parent, guardian, or legal caregiver, I am responsible and will have access to my child's card and records.

No information in your confidential library records will be disclosed to a third party except in accordance with proper judicial order or your consent. We cannot disclose your confidential library records to you over the phone without proper identification.

PARENTS CHECK HERE ☐ **I have received a copy of the Children's Safety Policy.**

Signature of Applicant _____ Today's Date _____

Signature of Parent, Guardian, or Legal Caregiver _____

Printed Name of Parent, Guardian, or Legal Caregiver _____